PTO/SB/22 (10-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unities it deploys a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)							Docket Number (Optional)	
LIIIIO	11101	TEXTENSION OF	TIME ONDE	1070	111 1.150(a)		ATOCM-0304	
			In re Applica Frederic MA		al.			
			Application Number			Filed		
			10/690,824			October 23, 2003		
			TRANSPARENT COPOLYMER For BLOCKS AND POLYETHER BI					
			Group Art U	nit	Examiner Ana Lucrecia W	0	ODWARD	
		est under the provisione above identified an		1.136(a	a) to extend the pe	eri	od for filing a	
The re	queste	d extension and appro		nall-enti	ty fee are as follo	ws	.	
(спеск		eriod desired): One month (37 CFF	t 1 17(a)(1))				\$	
		Two months (37 CF					\$460.00	
	ī	Three months (37 C)			\$	
		Four months (37 Cl					\$	
		Five months (37 CF	R 1.17(a)(5))				\$	
	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above							
	is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed.							
\boxtimes	Paym	Payment by credit card via EFS.						
		The Commissioner has already been authorized to charge fees in this application to a Deposit Account.						
\boxtimes	The C	The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>13-3402</u> .						
	I hav	e enclosed a duplicat	e copy of this:	sheet.				
I am th	ne 🔲 a	oplicant/inventor.						
assignee of record of the entire interest. See 37 CFR 3.71								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
☑ attorney or agent of record.								
	☐ at	torney or agent unde	r 37 CFR 1.34	(a).				
		Registration number if a	cting under 37 CFF	R 1.34(a).	·			
							information should not rization on PTO-2038.	
_	Jar	nuary 9, 2008			/Han	ry	B. Shubin/	
		Date				Sig	nature	
							n, Reg. No. 32,004	
					Typed	or	printed name	
NOTE Sign:	atures of	all the inventors or assigned	es of record of the	entire inte	erest or their represent	ativ	ve(s) are required. Submit multiple	
forms if more	e than on	e signature is required, see ns are submitted.	below*.					

Bardon Hzv: Statement. This form is estimated to bale 0.1 hours to compilete. Time will very depending upon the needs of the individual case. Any commercia of the require of compilete for form should be sent to the Chall individual of Clinica. US commercia of the require of compilete for form should be sent to the Chall individual of Clinica. US challenges n. D. 2003.1 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Neurostin, V. 2023.11-450.